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FISCAL IMPACT STATEMENT

LS 7139

BILL NUMBER: HB 1252

NOTE PREPARED: Dec 30, 2002

BILL AMENDED:

SUBJECT: Community Corrections Goals and Statistics.

FIRST AUTHOR: Rep. Smith V

FIRST SPONSOR:

BILL STATUS: As Introduced

FUNDS AFFECTED: X GENERAL
DEDICATED
FEDERAL

IMPACT: State & Local

Summary of Legislation: This bill requires state and locally operated community corrections programs to report to the Legislative Services Agency the race, ethnicity, and communicable disease carrier status of offenders in the programs. It adds the reintegration of offenders into the community as a purpose for the establishment and operation of community corrections programs.

Effective Date: July 1, 2003.

Explanation of State Expenditures: This bill adds the requirement that the Department of Correction (DOC) compile added information on the offenders who are currently incarcerated in DOC facilities. This information would include the race of the offender and whether the offender is infected with either tuberculosis in a communicable stage or another dangerous communicable disease. Concerning race and ethnicity, the Department already compiles information on six racial and ethnic categories -- White, African American, Hispanic, Native American, Asian and Pacific Islanders, and Others.

Concerning carrier status, the Department also screens offenders for tuberculosis and certain types of venereal diseases, including syphilis, gonorrhea, and chlamydia. DOC also screens for HIV upon request and for Hepatitis B or C if there is a specific clinical indication. Consequently, the additional cost to the Department of compiling and reporting the information should be minimal.

The Department would also need to redesign the quarterly reporting forms that the community corrections agencies complete and submit to the Department.

Under IC 11-12-3-1, the Department of Correction may establish and operate community corrections

programs where these programs are not available at the local level. DOC reports that it does not operate any community corrections programs.

Explanation of State Revenues:

Explanation of Local Expenditures: The requirement to compile information on demographic characteristics of the offenders in community corrections programs will require the local programs to reconfigure their information databases to report this information to the Department of Correction. While some agencies have automated their information systems, others compile this information manually.

Concerning carrier status, community corrections staff generally screen offenders for tuberculosis if the offenders will be placed in a residential program. DOC reports that as of December 31, 2001, 4 community corrections agencies had residential programs, 28 had work release programs, and 22 community corrections agencies had day reporting programs. In at least some of these counties, the local health department performs the test. Staff also indicates that under current practice, if medical histories are not included in a pre-sentence investigation, staff depends on offenders to report their disease carrier status. Requiring health information on all community corrections offenders could increase the cost of reporting information to the Department of Correction if more than self-reporting of health histories is needed.

As of November 2002, 64 counties operated community corrections programs and received state support. DOC reports that 15,799 adult offenders were being served in some type of community corrections program as of December 31, 2001.

Explanation of Local Revenues:

State Agencies Affected: Department of Correction.

Local Agencies Affected: Community corrections agencies.

Information Sources: Department of Correction.

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